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Bib Data Sheet

CONFIRMATION NO. 4443

<b>SERIAL NUMBER</b> 09/729,460	<b>FILING OR 371(c) DATE</b> 12/05/2000 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> 51007	
<b>APPLICANTS</b> Karl Kolter, Limburgerhof, GERMANY; Silke Scheiffele, Grunstadt, GERMANY; Heinz Einig, Neustadt, GERMANY; Roland Bodmeier, Berlin, GERMANY;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 19961897.6 12/20/1999					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/11/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 26474					
<b>TITLE</b> Use of a film coating as taste-masking coating of oral dosage forms					
<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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<b>SERIAL NUMBER</b> 09/729,460	<b>FILING DATE</b> 12/05/2000 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 51007
<b>APPLICANTS</b> Karl Kolter, Limburgerhof, GERMANY; Silke Scheiffele, Grunstadt, GERMANY; Heinz Einig, Neustadt, GERMANY; Roland Bodmeier, Berlin, GERMANY;				
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<b>** FOREIGN APPLICATIONS *****</b> GERMANY 19961897.6 12/20/1999				
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Verified and Acknowledged _____ Examiner's Signature Initials		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> Messrs. Keil & Weinkauf 1101 Connecticut Ave., N.W. Washington ,DC 20036				
<b>TITLE</b> Use of a film coating as taste-masking coating of oral dosage forms				
<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input checked="" type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	